

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See instructions for "Service of Process by U.S. Marshal"

Filed Received Entered Served On

PLAINTIFF David Aguilar	Counsel/Parties of Record <b>FEB 22 2024</b>	COURT CASE NUMBER <b>3:23-cv-00547-ART-CSD</b>
DEFENDANT J. Tafelmeyer, et al.	Clerk US District Court District of Nevada By: <b>Deputy</b>	TYPE OF PROCESS <b>42 U.S.C. § 1983</b>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Joseph Johnson</b>		
SERVE AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>SEALED</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
<b>Luke Andrew Busby, Esq.</b> <b>316 California Ave.</b> <b>Reno, NV 89509</b>		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

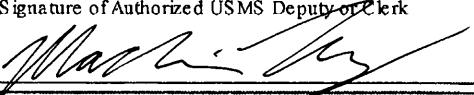
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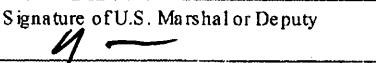
RCVD USMS D/NV  
9 FEB '24 PM5:28

Signature of Attorney other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT		

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>3 &amp; 3</b>	District of Origin No. <b>D/INV</b>	District to Serve No. <b>D/INV</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>2/13/24</b>
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I hereby certify and return that  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date <b>2/22/24</b> Time <b>11:59</b> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy 

Service Fee <b>\$65</b>	Total Mileage Charges including endeavors <b>62 miles</b>	Forwarding Fee	Total Charges <b>\$ 0</b>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS: **Property Vacant**PRIOR EDITIONS  
MAY BE USED

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

FORM USM-285  
Rev. 12/15/80  
Automated 01/00

